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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 10/821,010		Filing Date 08 April, 2004		<input type="checkbox"/> To be Mailed					
				Applicant(s) XIONG ET AL.				Page 1 of 2					
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 07/24/2008		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51		1				
2				1			52		1				
3				1			53		1				
4				1			54	1					
5				1			55		1				
6				1			56		1				
7				1			57		1				
8				1			58		1				
9				1			59		1				
10				1			60		1				
11				1			61		1				
12				1			62		1				
13				1			63		1				
14				1			64		1				
15				1			65		1				
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37				1			87		1				
38				1			88		1				
39				1			89		4				
40				1			90		4				
41			1				91		4				
42				1			92		4				
43				1			93		4				
44				1			94		4				
45				1			95		4				
46				1			96		4				
47				1			97		4				
48				1			98		4				
49				1			99		4				
50				1			100		4				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20080903-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/821,010

Filing Date

08 April, 2004

Applicant(s)

XIONG ET AL.

Page 2 of 2

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		4					151					
102		4					152					
103							153					
104							154					
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107							157					
108							158					
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143							193					
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145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep			4				Total Indep					
Total Depend				140			Total Depend					
Total Claims				144			Total Claims					

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